

Friends of the Secaucus Public Library

Secaucus Public Library
and Business Resource Center
1379 Paterson Plank Road
Secaucus, NJ 07094

Jenifer May, Library Director
Zinnia Miller, Friends of the Library President

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Masters in Library Science Scholarship ~~Purpose and Criteria~~

The goal of the Friends of the Secaucus Public Library Scholarship is to encourage and aid local residents in their pursuit of a Masters in Library Science. The scholarship check awarded will be sent directly to the recipient's college.

To be eligible to apply for this scholarship, residents must meet the following criteria:

- Present proof of Secaucus residency for at least one year
- Present evidence of acceptance into a Masters Program for Library Science at an ALA accredited college
- Present an undergraduate transcript
- Submit a statement of interest outlining why you are pursuing this degree
- Complete the Friends of the Secaucus Public Library application
- Submit a resume of your college and community activities
- Submit two (2) letters of recommendation from non-related individuals
- Completed applications and attachments may be submitted to the Director's attention via mail to the address above, in person at the library or via email at FriendsofSPLscholarship@gmail.com.

Friends of the Secaucus Public Library

Masters in Library Science Scholarship Application

(Please print all information)

Name _____
Last Middle First

Address _____ Secaucus, NJ 07094

Telephone _____ Cell Phone _____

Email address _____

Number of years residing in Secaucus _____

High School attended _____

Undergraduate college attended _____

Street Address

City State Zip Code

(Please attach transcript)

ALA accredited college planning to attend _____

Street Address

City State Zip Code

(Please attach letter of acceptance)

Please use this space to indicate the school and community activities in which you have been involved. If necessary, attach an additional sheet of paper.

Please list full time and/or part-time work experience. If necessary, attach an additional sheet of paper.

Please list the names of two reference contacts that are not related to you and include their addresses and phone numbers.

Name_____

Address_____

Phone_____

Name_____

Address_____

Phone_____

Please state any additional information relative to your application that can help us to know you better.

Signature

Date Submitted